

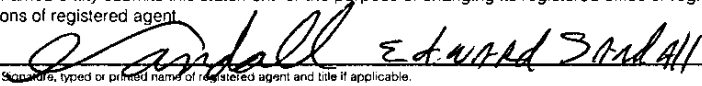
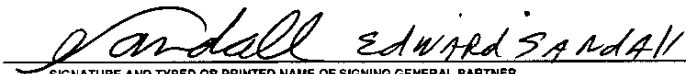


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

<b>DOCUMENT # A03000000688</b> 1. Entity Name <b>SANDALL HALE FAMILY PARTNERSHIP, LTD.</b>						<b>FILED</b> <b>05 MAY 12 PM 3:27</b> TALLAHASSEE, FLORIDA	
Principal Place of Business <b>5200 NORTH FLAGLER DR., APT. 1501</b> <b>WEST PALM BEACH, FL 33407</b>				Mailing Address <b>5200 NORTH FLAGLER DR., APT. 1501</b> <b>WEST PALM BEACH, FL 33407</b>			
2. Principal Place of Business		3. Mailing Address				02162005    Chg-LP    CR2E003 (10/03) <b>5/12</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>14-1873650</b>				Applied/For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>BOWERS, DAVID E ESQ</b> <b>505 SOUTH FLAGLER DR., STE. 1100</b> <b>WEST PALM BEACH, FL 33401</b>			
7. Name and Address of New Registered Agent Name <b>Edward Sandall</b> Street Address (P.O. Box Number is Not Acceptable) <b>5200 North Flagler Drive. #1501</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33407</b>				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <b>EDWARD SANDALL</b> <b>2-22-05</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE			
9. Capital Contributions as Shown on record. <b>\$250,000.00</b>				10. Amount of Capital Contributions in FLORIDA to date. <b>\$780,929</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # <b>P03000006064</b> NAME <b>SANDHALE, INC.</b> STREET ADDRESS <b>5200 NORTH FLAGLER DR., APT. 1501</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33407</b>				STREET ADDRESS  CITY-ST-ZIP  			
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DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP  				STREET ADDRESS  CITY-ST-ZIP  			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE:  <b>EDWARD SANDALL</b> <b>2-22-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				DATE <b>581-842-7943</b> <small>Daytime Phone #</small>			

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